

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) COMMISSIONER dissolution 38th day preceding preliminary | 8th day preceding election 30 day after election Committee Name Candidate Full Name (if applicable) ommittee / Vertsen Name of Committee Treasurer Office Sought and District S+ Apt 2 Residential Address Telephone Number (optional): Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) **Line 3:** Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or one behalf of this committee in accordance with the requirements of M.G.L. c. 55.

SCHEDULE A: RECEIPTS

,M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/11/3	John Maher 8 Dynstable Rd Cambridge, ma	250-	Retired
10/1113	Robert French Francine Ver New 83 Durfeest New Bodford	50-	
10/13/13	Maria Desa 35 Orchard St. New Bedford, MA	100-	
Line 9: Total Rece	ipts over \$50 (or listed above)	400-	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	120-	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	520-	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			<u>.</u> .
] [
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
			Futur on most 1 lime 2
Line 11: TOTAL RECEIPTS IN THE PERIOD * If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should			Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

A "Schedule B: Expenditures" attachment is available to complete, plate and a page number on each page.) eport all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10-8-13		972 Kemptonst New Bedford, MA	Feed volunteers	66.00	
10118	Flyerstudios	Flyerstudios MC Cooper City, FL 33004	Handbills	194.99	
	<u> </u>	Line 12: Total Expenditures	over \$50 (or listed above)	260.99	
			350 and under* (not listed above)	60-	
	Enter on page 1, line 4	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	320,99	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4

above.

SCHEDULE B: EXPENDITURES (continued)

D (D-2)	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(aiphabetical listing)			
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<u></u>	J <u> </u>	Line 12: Expenditures ove	er \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
Enter on page 1, fine 4 / Different 13 should include only those expenditures not itemized				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 5

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10-18	Coalition for Social Tustice	56 N Main 84 Fall River MA	Staff time Phone banks Rentals	574.70
<u> </u>	J L	Line 15: In-Kind Contributio	ns over \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				574,70

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/6 10-	Brian Postori	71 Chancey St New Beelford	Staples Printing	
9-11	Brian Pastori	71 Charcery St New Bedford	Yard Signs	794.88
		'e		
	Enter on page 1 line 7	→ Line 18: TOTAL OUTSTA	NDING LIABILITIES (ALL)	1182.8